

CLAIMS ONLY						Application Number <i>0/617357</i>	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	
	Indep	Depend	Indep	Depend	Indep	Depend			
1	/					51			
2	/	/	/	/	/	52			
3	/	/	/	/	/	53			
4	/	/	/	/	/	54			
5	/	/	/	/	/	55			
6	/	/	/	/	/	56			
7	/	/	/	/	/	57			
8	/	/	/	/	/	58			
9	/	/	/	/	/	59			
10	/	/	/	/	/	60			
11	/	/	/	/	/	61			
12	/	/	/	/	/	62			
13	/	/	/	/	/	63			
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46						96			
47						97			
48						98			
49						99			
50						100			
Total Indep	/	/	/	/		Total Indep			
Total Depend	13	13	12			Total Depend			
Total Claims	14	13	13			Total Claims			